

State of Indiana

Attachment 2.1-A

Definition of an HMO that Is Not Federally Qualified

In order to participate in the Indiana Medicaid Risk-Based Managed Care Program, a Health Maintenance Organization must meet the following requirements:

(1) Meet the following definition, set out in Indiana law (IC 27-13-1-19): "'Health maintenance organization' means a person that undertakes to provide or arrange for the delivery of health care services to enrollees on a prepaid basis, except for enrollee responsibility for copayments or deductibles."

(2) Be organized primarily for the purpose of providing health care services.

(3) Make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to nonenrolled Medicaid recipients within the area served by the HMO.

(4) Make provision, satisfactory to the Medicaid agency, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the HMO's debts if it does become insolvent.

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